

CREDIT APPLICATION FORM

I/We request you to open a Credit Account in the name of:

.....

Invoice Address

.....

Tele No..... Fax No..... Email.....

Company Reg No..... VAT No

Your Purchase Ledger Contact Name

Amount of Credit required £..... Expected Monthly Spend £.....

I/We give below the names and addresses of referees to whom the customary trade enquiries may be made

Trade Reference (1)

.....

.....

Trade Reference (2)

.....

.....

Bank Name

Branch Address

.....

Account No Sort Code.....

All Accounts are Strictly Nett and payable 30 days from date of invoice.

Signed

Print

Position